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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number	10/797,558
Filing Date	March 10, 2004
First Named Inventor	Nareak Douk
Art Unit	3731
Examiner Name	Unassigned
Attorney Docket Number	P563 DIV1

Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input checked="" type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Response to Notice of Omitted Item(s); Copy of
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	Notice of Omitted Items in a NonProvisional Appn.;
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	Copy of Return Stamped Postcard; Application Data
<input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	Sheet; and Redlined Copy of Filing Receipt
<input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Catherine C. Maresh; Medtronic Vascular, Inc.
Signature	<i>Catherine Maresh</i>
Date	June 28, 2004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Kimberly Melvin		
Signature	<i>Kj M</i>	Date	June 28, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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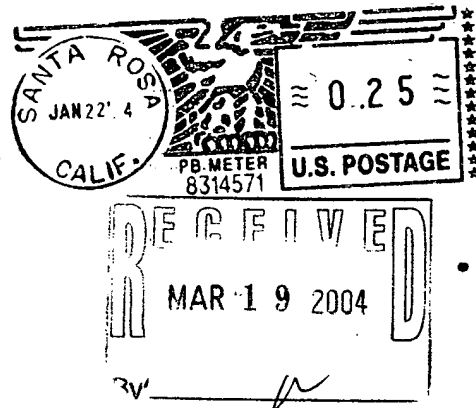


Applicant: DOUK, NAREAK, et al Our File No: PA 563 DIV 1
Serial No: TO BE ASSIGNED Filing Date: TO BE DATED
Title of the Invention: Temporary Intraluminal Filter
Guidewire

Receipt in the U.S. Patent and Trademark Office of the following papers is acknowledged:

☒ Transmittal Letter ☒ Declaration and Power of Attorney
☒ Specification, 33 pgs. ☒ Assignment
☒ Claims, 5 ☒ Information Disclosure Statement
☒ Drawings, 13 sheets ☐ Amendment/Response to Office Action, dated _____

☒ Other: 37 CFR 3.73(b) Statement: IDS: PRELIMINARY
AMENDMENT: DELEGATION OF INVENTORS: IDS
CITATIONS; FEE TRANSMITTAL; POSTAL



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